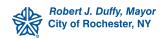
YOUTH APPLICATION

Volunteer Internship Program

Volunteer Internship Program "VIP" is a community program that rewards students ages 12-14 with volunteer opportunities that expose them to the world of work.







PERSONAL INFORMATION

Please print in ink.			
Name:		MIDDLE	
Demographic Information (Please check the appropriate of ARE YOU HISPANIC?		SEX: MALE FEMALE	
ADDRESS	CITY	STATE	ZIP
TELEPHONE# ()	_ ALT/MSG# ()		
EMERGENCY CONTACT:	EMAIL ADDRESS:		
DATE OF BIRTH MONTH DAY YEAR	SOCIAL SECURITY#		
SCHOOL YOU ARE CURRENTLY ATTENDING	OF MOST RECENT REPORT CARD	CURRENT GRAI	DE
HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN DO YOU HAVE ANY CERTIFICATIONS/LICENSE/PERMITS?			
DO YOU HAVE ANY ALLERGIES?			
WORK HISTORY OR V	OLUNTEER EXPE	RIENCE	
NAME OF WORK PLACE	SUPER	VISOR	
ADDRESS	DATES: FROM	T0	
JOB TITLE	DUTIES		
□ VOLUNTEER □ PAID			
INTEREST/ SI	KILLS/ ABILITIES		
LIST ANY SPECIAL SKILLS OR SPECIAL INTERESTS:			
LIST ANY CLUBS, SPORTS OR ACTIVITIES IN WHICH YOU	ARE INVOLVED:		
LIST ANY AWARDS YOU HAVE RECEIVED IN THE PAST TW	O YEARS:		

ESSAY: WHY SHOULD YOU BE CHOS	EN FOR THIS PROGRAM?		
-			
STUDENT: I declare that all statements ma	nde in this application are true	and complete to the best of my knowledg	re.
Student Signature			Date
	AUTHORIZ	ATION	
SCHOOL ADMINISTRATOR: This student has at least 90% attendance a	and no long-term suspensions	(5 days or more) this school year.	
Name/Signature	Title	Phone#	Date
	PERMISSIO	N SLIP	
I,	$_$ hereby give permission for t	he Youth Training Academy Program to rec	ord the image and/or
voice of my child,		for brochures, websites or prom	notional materials.
I understand that I will not be inform or rei		s or videos.	
Parent/Guardian Signature Date			
BEFORE TU	RNING IN YOUR	APPLICATION BE SURE:	
☐ IT IS FILLED OUT IN INK ☐ IT IS SIGNED BY: ☐ YOU ☐ PAR	ENT OR GUARDIAN	SCHOOL ADMINISTRATOR	
☐ A COPY OF THE MOST RECENT REPOR		SURUUL ADIVIIIVISTRATUR	
☐ RESUME (IF YOU HAVE ONE) IS ATTAC			

After you turn in your application, it will be checked and then you will get a letter telling you the next steps. If you move or your telephone number changes, be sure you let the office know. If you have questions, call us at 428-6342.

OFFICE USE ONLY	Date Received		Staff Initials
Application approved:	☐ Yes	□ No	
If no, reason:	\Box GPA	☐ Attendance	☐ Long Term Suspension